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RADNORSHIRE COUNTY COUNCIL
and
RADNORSHIRE EDUCATION COMMITTEE



ANNUAL REPORTS

of the

County Medical Officer of Health

and

Principal School Medical Officer

for

1964

F. J. H. CRAWFORD, M.D., B.Sc., D.P.H.

Barrister-at-Law

Telephone No. : Llandrindod Wells 2262.

RADNORSHIRE COUNTY COUNCIL
and
RADNORSHIRE EDUCATION COMMITTEE

A N N U A L R E P O R T S

of the
COUNTY MEDICAL OFFICER OF HEALTH
and
PRINCIPAL SCHOOL MEDICAL OFFICER
for

1 9 6 4

F.J.H. Crawford, M.D., B.Sc , D.P.H.,
Barrister-at-Law.

Telephone No: Llandrindod Wells 2262

RADNORSHIRE COUNTY COUNCIL
MEMBERS OF THE COUNTY COUNCIL

Chairman: Alderman G. R. Davies, C.B.E.

Vice Chairman: Alderman E. T. Kinsey Morgan

Aldermen:

R. Brick	J. J. Price
W. H. Edwards	Penry Pritchard
W. H. Evans	J. S. Ruell
Mrs. M.A. Gibson-Watt, M.B.E., T. F. Vaughan Prickard, C.V.O.	

Councillors:

Mrs. D. Y. Barstow	T. R. Lloyd
W. R. A. Breeze	C. A. Masters
F. G. J. Dalton	G. D. Morgan
C. T. Davies	T. O. Nicholls, O.B.E.
J. S. Davies	A. L. Pritchard
J. C. Deakins	N. F. Reay
W. Evans	R. L. Ryder
O. Gibbin	J. G. Taft
Major J.D. Gibson-Watt, M.C.	Mrs. R. M. Thomas
R. J. Griffiths	E. Vaughan
E. T. Harris	Brigadier Sir C.M.D. Venables- Llewelyn, Bart., M.V.O.
L. P. Havard	
R. P. L. Hughes	V. T. Jones
C. P. Jones	C. E. Watkins
J. H. Jones	Lt.Col. H.B. Watkins, M.C., O.B.E.
R. T. Knill	J. Watkins, M.B.E.
Harri Lewis, C.B.E.	

HEALTH COMMITTEE

(As at 31st. December, 1964)

Chairman: Alderman W. H. Edwards
Vice Chairman: Councillor T. O. Nicholls, O.B.E.
Aldermen: W. H. Evans
Mrs. M. A. Gibson-Watt, M.B.E.
E. T. Kinsey Morgan

Councillors:

Mrs. D. Y. Barstow	R. P. L. Hughes
F. G. J. Dalton	C. P. Jones
W. Evans	V. T. Jones
O. Gibbin	R. T. Knill
R. J. Griffiths	N. F. Reay
E. T. Harris	E. Vaughan
Brigadier Sir C. M. D. Venables-Llewelyn, Bart., M.V.O.	

Co-opted:

Mrs. F. J. Edwards	Mrs. H. B. Watkins
Mrs. M. Howse	Mr. W. J. Beavan
Miss D. A. Payne, M.B.E.	Mr. F. H. Lloyd
Miss J. Todd, M.B.E.	Dr. D. F. M. Roberts
Lady Delia Venables-Llewelyn	

WELFARE SERVICES COMMITTEE

Chairman:

Alderman Penry Pritchard

Vice Chairman:

Councillor R. P. L. Hughes

Aldermen:

R. Brick

E. T. Kinsey Morgan

G. R. Davies

J. J. Price

Mrs. M.A. Gibson-Watt, M.B.E.

Councillors:

C. T. Davies

N. F. Reay

W. Evans

R. L. Ryder

O. Gibbin

Mrs. R. M. Thomas

L. P. Havard

E. Vaughan

A. L. Pritchard

Lt. Col. H.B. Watkins, M.C., O.B.

Co-opted:

Mr. W. J. Beavan

Mrs. D. G. Masters

Mrs. A. M. Breeze

Miss D. A. Payne, M.B.E.

Mrs. G. E. Curtis

The Hon. Gwenllian Philipps, O.B.

Mrs. M. Howse

Mrs. J. P. de Winton

Rev. C. D. Venables

STAFF OF THE COUNTY HEALTH DEPARTMENT

County Medical Officer of Health and County Welfare Officer	Frank J.H. Crawford, B.Sc., Ch.B., M.D., M.R.C.S., L.R.C.P., D.P.H., Barrister-at-Law, Middle Temple
Deputy County Medical Officer of Health (part-time)	M. Dilya Owen, J.P., B.Sc., M.B., Ch.B., D.P.H., D.(Obst) R.C.O.G.
Consultant Psychiatrist and Adviser in Mental Health (part- time)	Gordon Diggle, M.B., Ch.B., M.R.C.P.(Ed), D.P.M.
Psychiatric Social Worker (part-time)	Gwendoline Morgan
Mental Welfare Officers	All the District Nurses and Health Visitors, and Mr.H.E. Morris (part-time)
Chest Physician (part-time)	D. Ivor A. Williams, M.B., Ch.B.
Assistant Chest Physician (part-time)	P. P. Mulhall, M.B., B.Ch., B.A.O.
County Dental Officer	P. G. H. Griffith, L.D.S.
Dental Attendant	Olwen P. Mantle
Superintendent Nursing Officer, Supervisor of Midwives and Home Help Organiser	E. Jean Bell Currie, S.R.N., S.C.M., H.V.Cert., Queen's Nurse.
County Analyst (part-time)	D. C. Jenkins, M.Sc., F.R.I.C., D.I.C.
Home Teacher of the Blind	Richard A. Oldbury
Craft Instructress	E. Joan Garfield
Physiotherapist (part-time)	Haulwen Davies, M.C.S.P.
Officer in Charge, Central Ambulance Control (part-time)	T. A. O. Meredith
Clerical Staff	W. J. Meredith (Chief Clerk) G. E. H. Steventon Enid L. Barker W. S. Evans Jennifer Rees (resigned 19.2.64) S. G. Jones Betty Hickling (appointed 18.2.64) Moya A. Bristow (appointed 1.7.64)

DISTRICT NURSES

The following District Nurses and Health Visitors are employed by the County Council. The nursing services are otherwise the responsibility of the Radnorshire County Nursing Association, a voluntary body, half of the Executive Committee of which are members of the County Council.

<u>Nursing Area</u>	<u>Name of Nurse</u>	<u>Qualifications</u>
Beguildy	Ida M. Jones	S.R.N., S.C.M.
Cwmbach & Newbridge	Mary A. Price	S.C.M., S.E.N.
	(resigned 30.11.64)	
	Barbara Hamar	S.R.N., S.C.M.
	(appointed 1.12.64)	
Clyro	Elizabeth F. Price	S.R.N., S.C.M.
Knighton	Margaret Haime	R.F.N., S.C.M.
	Rose M. Denstone	S.R.N., Queen's Nurse
Llandewi	Gwyneth Lewis	S.R.N.
Llandrindod Wells	Beryl Pugh	S.R.N.
	Edith Rogers	S.R.N., S.C.M., Queen's Nurse
Nantmel	Winifred Roe	S.R.N., S.C.M.
New Radnor	Iris M. Davies	S.R.N., S.C.M.
Paincastle	Mary Hayward	S.C.M., S.E.N.
Penybont	Ann Thomas	S.R.N., S.C.M.,
		Queen's Nurse
Presteigne	Norline Baynham	S.R.N., S.C.M.
	Alice Haynes	S.C.M., S.E.N.,
	(retired 30.4.64)	
Rhayader	Sarah Evans	S.C.M., S.E.N.,
	Olwen Wingfield	S.R.N.
Supply Nurse	Elizabeth M. Campbell	S.R.N., S.C.M.,
	(part-time)	Queen's Nurse
	Sheila M. Feddis	S.R.N., S.C.M.,
	(appointed 26.5.64)	Queen's Nurse

Health Visitors and School Nurses

Margaret K. Chaplin

S.R.N., S.C.M., H.V.Cert.,
Queen's Nurse.

Enid M. Hamar

S.R.N., S.C.M., H.V.Cert.,
Queen's Nurse.

Winifred Malone

S.R.N., R.S.C.N., H.V.Cert.

Sarah M. Cole
(appointed 3.2.64)

S.R.N., S.C.M., H.V.Cert.

Margaret Burkey
(appointed 15.6.64
resigned 17.8.64)

S.R.N., S.C.M., H.V.Cert.,
Queen's Nurse.

CHIROPODISTS (part-time)

(Employed by the County of Radnor Old People's Welfare
Committee on behalf of the Local Health Authority.)

John B. C. Mason

M.Ch.S.,

William H. Peplow

M.Ch.S.

STAFF OF THE COUNTY WELFARE DEPARTMENT

(not included in the Health Department)

District Welfare Officers

W. L. Wilding, Llandrindod Wells.

H. E. Morris, Knighton.

H. F. Hartwright, Rhayader.

Superintendents and Matrons of Old People's Homes

Mr. & Mrs. G. H. Waterhouse, "The Cottage", Knighton.

Mr. & Mrs. W. Aldridge, "Ardwyn", Llandrindod Wells.

ASSOCIATED OFFICERS

Clerk of the Council

D. C. S. Lane

County Treasurer

I. G. Bevan, F.I.M.T.A., F.R.V.A.
(resigned 30.6.64)

C. Roberts, F.I.M.T.A., F.R.V.A.
(appointed 1.7.64)

County Surveyor

J. J. Teesdale, A.M.I.C.E.,
A.M.I.Mun.E., A.M.I.Struct.E.

Chief Education Officer

M. W. Cole, B.A.

County Architect and
County Planning Officer

G. L. Edwards, Dip.Arch., A.R.I.B.A.

Children's Officer

Ceinwen Anthony, S.R.N., S.C.M.,
H.V.Cert.

Inspector of Weights and
Measures

R. W. Price

Clerk of the Radnorshire
Executive Council

K. J. Evans

HEALTH OFFICERS OF DISTRICT COUNCILS

MEDICAL OFFICERS OF HEALTH (part-time)

Urban Districts:

Knighton	B. C. Davies, B.M., B.Ch., D(Obst)R.C.O.G.
Llandrindod Wells	J. E. Jenkins, M.A., B.M., B.Ch.
Presteigne	R. J. Walker, M.B., B.Ch.

Rural Districts:

Colwyn	D. F. Cameron, M.B., Ch.B.
Knighton	J. G. Garman, M.R.C.S., L.R.C.P.
New Radnor	R. H. Jobson, M.B., Ch.B.
Paincastle	W. M. E. Anderson, D.S.O., B.A., M.D., B.Ch.
Rhayader	J. Davies, M.B., B.Ch.

PUBLIC HEALTH INSPECTORS

Urban Districts:

Knighton	H. Jones, M.R.S.H., M.I.Mun.E.
Llandrindod Wells	R. J. Morris, A.R.I.C.S., M.R.S.I., Cert.S.I.
Presteigne	G. V. R. Lee, M.R.S.H., M.A.P.H.I.

Rural Districts:

Colwyn	J. C. Bowen, M.A.P.H.I., C.R.S.I., M.R.I.P.H.H.
Knighton	D. I. Davies, M.R.S.H., M.A.P.H.I., M.R.I.P.H.H.
New Radnor	L. Allen, M.A.P.H.I.
Paincastle	W. D. Morgans, C.R.S.H.
Rhayader	G. H. Roberts, M.R.S.H., M.A.P.H.I.

TO THE CHAIRMAN AND MEMBERS OF THE LOCAL HEALTH
AUTHORITY, THE EDUCATION COMMITTEE AND THE
WELFARE SERVICES COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the health of the people of Radnorshire in 1964. The Annual Report of the work of the School Health Service is included, and also an account of the activities of the department in the provision of Welfare Services under the National Assistance Act.

During the year, the population of the county continued to fall as a result of the drift of people, especially young people, from this area, to other areas with greater opportunities of employment and advancement. This fall in population occurred in spite of a higher birth rate and a correspondingly greater number of births than deaths.

There was a big increase in the number of illegitimate births in the county - 22 as compared with 6 last year. The number of illegitimate births was in fact the highest ever recorded.

The Infant Mortality Rate, although higher than last year was low, and indeed below the figure for England and Wales, and the five year rate - a more reliable figure - 16 - was also low and below the national infant mortality rate. Again I am happy to report that we have had no maternal deaths, and in fact, we have not had a maternal death since 1960, when only one was reported. These figures suggest that our health services are efficient.

At the same time our death rate at 18.4 per 1,000 population, was higher than for England and Wales generally.

Morbidity figures and notifications of infectious diseases continued to be low denoting a satisfactory state of health of the population generally.

During the year progress was made in the provision of welfare services. Two pilot schemes for providing "Meals on Wheels" for old people, were started - one in Rhayader and one in Boughrood. At the same time work commenced on the erection of two new homes for old people. One of these, at Llandrindod Wells, will take the place of the present most unsuitable accommodation and the other, at Rhayader will be associated with a group of bungalows for Old People provided by the Rhayader Rural District Council.

The conversion of the County Council Offices at Knighton to a clinic was completed and plans of a new small clinic at Rhayader were agreed.

In spite of repeated advertisements no suitable applicants for the post of Assistant Dental Officer were received. In a county where the standard of dental fitness is low and where, for the majority of the people, fluoridation of water supplies is not possible, for economic reasons, the employment of a second dental officer is urgently required.

I acknowledge with pleasure the support and encouragement I have received from you, Sir, and the Chairman of the Health Committee, the Welfare Services Committee, the Education Committee and the Special Services Sub-Committee of the Education Committee, and I am glad to pay tribute to the members of my staff.

I am,

Your Obedient Servant,

F. J. H. CRAWFORD.

County Medical Officer.

RADNORSHIRE COUNTY COUNCIL

ANNUAL REPORT

Of the County Medical Officer of Health for 1964

The County Council's duties as Local Authority, and under Sections 29 and 30 of the National Assistance Act, 1948, are undertaken by the Health Committee, and the Council's responsibilities under Section 21 of the National Assistance Act, 1948, are dealt with by the Welfare Services Committee.

Having regard to the low density of population and the need to integrate the work it is advantageous that the County Medical Officer should also be as he is, the County Welfare Officer.

General Statistical Summary of the County

Statistics relating to population, births and deaths are provided by the Registrar-General.

The number of births, stillbirths and deaths allocated to the area are those registered during the year 1964 as adjusted for inward and outward transfers.

The following is a summary of the vital statistics for the county:

Area in acres.....301,165

Population (Registrar General's Estimate)

Urban Districts..... 6,180

Rural Districts..... 12,120..... 18,300

Urban Districts:

Knighton..... 1,810

Llandrindod Wells..... 3,160

Presteigne..... 1,210 6,180

Rural Districts:

Colwyn..... 1,620

Knighton..... 2,700

New Radnor..... 2,040

Paincastle..... 1,650

Rhayader..... 4,110 12,120

Total County 18,300

Rateable Value..... £510,087

Product of a Penny Rate..... £2,001

Live Births	M	F	Total
Legitimate	142	144	286
Illegitimate	12	10	22
Total Live Births	154	154	308

Live Birth rate per 1,000 population	16.8
Live Birth rate per 1,000 population (England & Wales)	18.4
Illegitimate Live Births per cent of total live births	7.1

Stillbirths:

Legitimate	3
Illegitimate	1
Total	4

Stillbirth rate per 1,000 total live and stillbirths	12.8
Total live and stillbirths	312

Deaths of Infants under 1 year of age:

Legitimate	3
Illegitimate	1
Total	4

Infant mortality rate per 1,000 live births	12.9
Infant mortality rate per 1,000 live births (England & Wales)	20.0
Legitimate Infant mortality rate per 1,000 legitimate live births	10.4
Illegitimate Infant mortality rate per 1,000 illegitimate live births	45
Neo-natal mortality rate per 1,000 (under 4 weeks)	9.7
Early neo-natal mortality rate per 1,000 (under 1 week)	9.7
Peri-natal mortality rate (stillbirths and deaths under one week combined, per 1,000 live and stillbirths)	22.4
Maternal deaths (including abortion)	Nil
Maternal mortality rate per 1,000 live and stillbirths	Nil
Legitimate birth rate per 1,000 population	15.6
Illegitimate birth rate per 1,000 population	1.2
Stillbirth rate per 1,000 population	0.2
Illegitimate stillbirth rate per 1,000 total illegitimate (live and still)births	43

Deaths:

Total Deaths	263
Death Rate	14.4
Death Rate (England & Wales)	11.3

Some of the causes of death are given below together with the numbers who died and the relative precentage of the total deaths (263)

MORTALITY FIGURES

<u>Disease as listed by the General Register Office</u>	<u>Number of Deaths</u>	<u>Percentage of total Deaths</u>
Heart Disease (all forms)	91	34 6
Vascular lesions of nervous system	53	20 2
Cancer (all forms, including 5 deaths from lung cancer)	41	15 6
Other defined and ill-defined diseases	18	6 8
Other circulatory diseases	11	4 1
Pneumonia	11	4 2
Bronchitis	10	3 8
Accidents (excluding motor vehicle accidents)	8	3 0
Motor vehicle accidents	4	1 5
Influenza	4	1 5
Nephritis and nephrosis	3	1 1
Suicide	2	8
Congenital malformations	2	8
Diabetes	2	8
Gastritis, enteritis and diahorroea	1	4
Other diseases of respiratory system	1	4
Tuberculosis-respiratory	1	4

MORBIDITY FIGURES

The average weekly numbers of new claims for sickness benefit for the past five years are given in the table below. These figures are compiled from returns made by the Ministry of Pensions and National Insurance.

Month	1960		1961		1962		1963		1964	
	No.	Per 1,000 Pop.	No.	Per 1,000 Pop.	No.	Per 1,000 Pop.	No.	Per 1,000 Pop.	No.	Per 1,000 Pop.
January	61	3.1	104	5.6	98	5.3	63	3.4	76	4.2
February	63	3.2	98	5.3	60	3.2	61	3.3	104	5.7
March	47	2.4	53	2.8	59	3.2	75	4.1	93	5.1
April	49	2.5	43	2.3	63	3.4	52	2.8	64	3.5
May	43	2.2	47	2.5	52	2.8	53	2.9	39	2.1
June	41	2.1	40	2.1	44	2.3	48	2.6	40	2.2
July	38	1.9	39	2.1	34	1.8	40	2.2	36	1.0
August	35	1.8	38	2.0	37	2.0	38	2.1	34	1.9
September	41	2.1	31	1.6	36	1.9	48	2.6	50	2.7
October	49	2.5	52	2.8	48	2.6	46	2.5	46	2.5
November	47	2.4	55	2.9	48	2.6	64	3.5	49	2.1
December	65	3.3	89	4.8	52	2.8	53	2.9	51	2.8

CARE OF MOTHERS AND YOUNG CHILDREN

There were no maternal deaths in the county in 1964

INFANT MORTALITY

Area	No. of Deaths under 1 year	Rates per 1,000 births	
		1964	1960-64
Urban Districts:			
Knighton	-	-	6
Llandrindod Wells	1	17.8	13
Presteigne	1	37.0	29
Rural Districts:			
Colwyn	-	-	8
Knighton	-	-	14
New Radnor	1	29.4	11
Painscastle	-	-	-
Rhayader	1	14.9	30
Urban Districts	2	17.3	14
Rural Districts	2	10.3	16
Administrative County	4	12.9	16

PREMATURE INFANTS

During the year 16 premature babies were born in hospital, but there was no such domiciliary birth. One of the babies died within 24 hours and weighed under 2 lbs. 3 ozs. The fifteen others survived and have done well.

The premature baby rate per 1,000 live births was 52 compared with 36.7 in 1963.

CHILD WELFARE CENTRES

Child Welfare Centres are held in the county as follows:-

PLACE	TIME	MEDICAL OFFICER
KNIGHTON Council Offices, Frydd Road.	First Tuesday in month, 2-30 p.m.	Dr. J. G. Garman
LLANDRINDOD WELLS County Hall	Tuesdays 2-30 p.m. (except 1st. Tuesday in month)	Dr. M. Dilys Owen
NEWBRIDGE-ON-WYE P.O.W. Hut	First Wednesday in month, 2-30 p.m.	Dr. D.F.M. Roberts
NEW RADNOR Walton Village Hall	Last Monday in month, 2-30 p.m.	Dr. R. J. Walker
PRESTEIGNE Memorial Hall	Second Tuesday in month, 2-30 p.m.	Dr. R. J. Walker
RHAYADER Greenfields	Second Wednesday in month, 2.0 p.m.	Dr. J. Davies

Prevention of illness is the aim of the Child Welfare Centres.

To bring to light any disease or defect, congenital or otherwise, from which a baby might suffer, each child is examined by the clinic doctor at its first attendance, and thereafter as often as the mother would wish, or as often as may be desirable.

Advice to mothers on feeding, child behaviour, and on problems associated with the early stages of child development, help to free the parents from many of their worries and do much to ensure that babyhood is happy and carefree both for the child and its home.

Such centres, therefore, undertake a number of useful functions and these to some extent relieve the work of the general medical practitioner service.

FAMILY PLANNING

There is no Family Planning Centre in the county but married women seeking advice are referred to the Family Planning Clinics at Hereford and Builth Wells. Both these centres are staffed by women doctors and the County Council makes an annual grant in respect of the clinic at Builth Wells.

CHILD WELFARE CENTRES

Sessions held in 1964

	Knighton	Llandrindod Wells	Presteigne	Newbridge-on-Wye	New Radnor	Rhayader	Total
No. of Meetings	12	49	12	12	11	12	108
No. of children who attended during the year and who were born in:							
1964	24	45	23	7	13	24	136
1963	30	23	22	8	14	26	133
1959-62	28	41	48	25	39	29	210
Total No. of children who attended during the year	84	116	96	37	67	79	479
No. of sessions held by General Practitioners.	12	49	12	12	11	12	108
No. of children referred elsewhere.	3	16	12	-	-	-	31
No. of children on "at risk" register at end of year.	12	17	4	-	1	-	33

UNMARRIED MOTHERS AND THEIR CHILDREN

The care of unmarried mothers is undertaken by the Swansea and Brecon Diocesan Moral Welfare Association to which the Local Health Authority makes an annual grant in support of this work.

Each mother is visited by Miss Lewis, the Association's Moral Welfare Worker, and in the majority of cases the County Council accepts financial responsibility for the mother during her confinement.

Miss Lewis submits the following report on her work in Radnorshire in 1964:-

57 new cases were dealt with during 1964.

5 previously reported cases still needing after-care supervision.

15 of these were unmarried mothers.

15 were putative fathers.

15 were children.

1 preventitive case.

8 couples seeking help and advice on adopting a child.

Unmarried Mothers

2 were admitted to St. Martin's Home, Hereford.

2 were admitted to Cwmdonkin Shelter, Swansea.

1 admitted to Salvation Army Home, Bristol.

4 were cared for in private homes (e.g. married couples prepared to help the unmarried mother.

6 were given help and advice within their own homes.

The above mothers were all visited in their own homes prior to making arrangements for them, and the problem discussed with their family.

Putative Fathers

All visited and interviewed within the Radnorshire and surrounding district.

13 admitted paternity.

3 married the mothers after the interview.

4 are supporting their children through Court Orders.

6 interviewed to complete case history of the babies offered for adoption.

1 denied paternity.

1 Court case pending, but putative father has disappeared.

Children

- 4 remained with their mothers.
- 3 remained with their mothers and fathers.
- 1 placed in care of Children's Officer; mother mentally deficient.
- 1 fostered owing to a slight heart murmur.
- 6 placed with a view to adoption after much careful consideration; every possible help was offered in these cases to the mother to keep her child.

Adopters

All visited in their own homes, and much time was spent with them in explaining all the pros and cons of adoption and its legal procedure.

Preventitive

Advice and help given to the girl and her parents, on suitable employment and training on nursery nursing. In this particular case the young girl had formed an undesirable friendship.

After Care

3 needed only a friendly visit and some financial help towards clothing for the children.

One is again pregnant, and all necessary help will be given. One is now making provision to have her child with her after a period of eighteen months' fostering.

A busy year, much time being spent in the Radnorshire area as will be noted from this report.

I am grateful for the help and co-operation given by the Health Department and many others whom I call upon in the course of my work."

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS

Mr. P. G. H. Griffith, the County Dental Officer, submits the following report:-

"The number of mothers taking advantage of the service is still rather small. There is, however, a growing number of parents, who bring younger children with them, when the older children are being inspected at school. They usually like a check in these younger children and it is quite a good introduction to the dentist and the opportunity is taken of giving advice on diet and dental hygiene. No figures have actually been kept of these rather casual inspections but the overall effect is undoubtedly good.

Nurses are advised of the visit of the mobile clinic to districts, but of course, our stay is usually of short duration, varying in most cases from one to two days."

DENTAL TREATMENT - NUMBER OF CASES

	No. of persons examined during the year.	No. of persons who commenced treatment during the year.	No. of courses of treatment completed during the year.
Expectant and Nursing Mothers	1	1	1
Children under 5 years and not eligible for school dental treatment.	6	6	6

DENTAL TREATMENT PROVIDED

	Scaling and gum treatment	Fillings	Silver Nitrate treatment	Extractions	General Anaesthetics	Radiographs
Expectant and Nursing Mothers	1	2	1	1	1	1
Children aged under 5 years and not eligible for school dental service	1	1	11	1	1	1

No dentures were provided.

DISTRIBUTION OF WELFARE FOODS

The demand for Welfare Foods is still falling as shown in the table. This is, I feel, due to the increase in charges for Welfare Foods as the prices are no longer lower than those of foods sold in chemist shops.

The figures are as follows:-

	1964	1964	1964	1964
Issued during quarter ended.	National Dried Milk. No. of tins.	Cod Liver Oil. No. of bottles	Vitamin A and D tablets. No. of Pkts.	Orange Juice. No. of Bottles
March 31st.	2753	57	74	598
June 30th.	2469	60	79	797
Sept. 30th.	2392	57	52	807
Dec. 31st.	2833	69	28	641
Total	10447	243	233	2843

NURSING SERVICES

The following report has been submitted by the Superintendent Nursing Officer:-

"As in previous years, much has been heard of a three word phrase "shortage of nurses". If there is, and there seems to be a shortage of nurses, it is quite clear it will continue so long as nurses continue to do non-nursing duties. The Standing Nursing Advisory Committee in its report on the use of Ancillary help in the L.A. Nursing Services gives guidance on this point. In their view the time of skilled staff can be conserved by the use of modern techniques, disposable equipment, central sterile supplies and laundry services. Radnorshire has already laid the foundation of its services along these lines. In the nursing field, disposable equipment, sterile packs and syringes are being used more extensively and in a very small way, our Home Help Department runs a laundry service which very soon is to be started in other areas in Radnorshire. A wide range of nursing aids is also available.

Here we have not experienced any "shortage of nurses". Indeed we have been able to send nurses for District Nurse Training and Health Visitor Training. The re-organisation of some district nursing areas has taken place so allowing each member of the public health team to carry out the duties for which she has been trained. Some members of the public feel sad at the passing of the "village nurse" but in an area where depopulation is a problem, it is only by amalgamating several areas that the skills of the fully trained nurse can be utilized to the best advantage.

HOME NURSING

This is the "silent service". Very quietly the trained staff continue to administer skilled nursing service to all those in need. The early months of the year were particularly difficult. Blocked roads, burst pipes, lack of fuel and sometimes food all added to their difficulties. Hypothermia - lowering of body temperature - has to be guarded against both in the very young and the very old. But the nurse deals with social and domestic difficulties not only for the patient, but for the whole family. Her willingness to cope with the many problems of the sick is characteristic of the District Nurse.

Age is a problem; we may be adding years to life, but we must also add life to years. The inclusion in our service of a domiciliary occupational therapist is most valuable, but rehabilitation of the aged lies in a greater understanding of their needs and towards this end some members of our staff have attended at St. David's Hospital, Brecon a course of six study days arranged by Dr. Willington, the Consultant Geriatric Physician, and it is hoped that all members of the staff will eventually be able to receive this additional insight into their problems.

The provision of incontinence pads to all patients continued

and no difficulty was experienced in disposing of the soiled pads.

MIDWIFERY SERVICE

The downward trend in the number of cases delivered and visits paid to these cases has for the first time for many years been halted, but the problem remains, to maintain an effective and efficient domiciliary midwifery service in a rural area. It is most necessary to be able to carry out the "practical" work and there are too few cases and too many midwives for the low case load which is available in Radnorshire.

Ante-natal care to all mothers whether for hospital or home confinements is carried out by the domiciliary staff either in the patients own home or at the general medical practitioners' ante-natal clinic, which of course, ensures continuity of interest and close co-operation. The Parentcraft and Group Teaching classes continue in four areas in the county and are greatly appreciated by those who attend, although I would welcome greater co-operation between hospital and Local Authority staff in the giving of talks at the Parentcraft classes.

HEALTH VISITING

In 1964, the N.H.S. Act (Qualifications of Health Visitors) Regulations came into force whereby dispensation would no longer be granted, and all those engaged in this work must have received the recognised training. Many of our District Nurse/Midwives were carrying out triple duties as District Nurse/Midwife/Health Visitor and these regulations mean that with the retirement or resignation of staff, Health Visiting may only be handed to a trained health visitor, so again alteration of nursing areas was necessary.

Health Education and preventive medicine are important aspects of our work. Without an informed public, the practical application of knowledge towards the maintenance and promotion of good health would yield no encouraging results. Preventive medicine is undramatic and often appears unremunerative, but is nevertheless vital to the well being of the community. In this county, the four health visitors undertake the full range of social work which, while providing diversity of reports indicate that they can indeed cope with a wide range of social problems. A new aspect of their work is with immigrants - all such people entering Radnorshire are visited and the Welfare Scheme explained to them, although language barriers make for difficulties.

All babies found at birth to have obvious congenital abnormalities are reported by the midwife attending, to the Family Doctor and also to the County Medical Officer. All children thus reported are on the "at risk" register and have special supervision by the Health Visitor so that any defect can be detected at the earliest moment. Health Visitors report at once to the Family Doctor and the County Medical Officer on all children found to be suffering from any handicap.

Another aspect of the health visitors work is of vital importance, that is MENTAL HEALTH.

The Domiciliary Mental Health Service is undertaken mainly by the health visitors although members of the staff are designated as Mental Welfare Officers. They are ably supported in this field by the Psychiatric Social Worker and the Psychiatrists of the Mid-Wales Hospital, Talgarth. Case conferences and the study days are held once a month and these have proved most valuable.

Two members of the staff attended a special course at Leeds which was found to be both interesting and stimulating. It is hoped that all staff will be able to benefit from such a course.

Library

A small library is maintained in the Health Department whereby Nursing Staff may avail themselves of up to date literature. A recent paper backed book on "What is wrong with Hospitals" has been purchased. I can recommend this to the lay public and to those in the profession. We have much to learn from its pages.

Film Shows

Throughout the year, monthly meetings of all members of the staff are held, talks given on current affairs, and films shown of medical interest. Those members of staff returning from refresher courses are able to discuss with their colleagues new methods and ideas. I know that other counties envy us this "get together" which is one of the joys and advantages of being a small community.

HOME HELP SERVICES

All the Home Help work is carried out by the part-time personnel who are employed on an hourly basis. In most cases they work in the vicinity of their own homes.

WORK OF THE NURSING STAFF

Work of the Superintendent Nursing Officer

No. of routine Inspection of Nurses.....	40
No. of special visits to Nurses.....	43
No. of other visits.....	26
No. of visits to Nursing Homes.....	9
No. of visits to Hospital.....	18
No. of visits to Child Welfare Centres.....	20

Home Nursing

No. of new patients visited.....	1283
Total No. of Nursing Visits.....	20478

Midwifery

No. of cases attended.....	89
No. of maternity and midwifery patients.....	1426
No. of ante-natal visits to domiciliary and institutional patients.....	1883
No. of post-natal visits to domiciliary and institutional patients.....	92
Visits made to cases where the birth occurred in hospital but where the mother and child were discharged home before the 10th day....	331
No. of attendances at medical practitioners ante-natal clinics.....	312

Health Visiting

No. of children visited who were aged between 0-5 years.....	1337
No. of visits made to the above children.....	8080
No. of visits to physically handicapped persons.	216
No. of visits to tuberculous patients.....	100
No. of visits to persons over 65 years of age...	1001
No. of other visits.....	915
No. of talks given on Health Education.....	64
No. of attendances at Parentcraft and Group Teaching Classes.....	228
No. of visits to expectant mothers.....	92

Mental Health

No. of visits to patients.....	583
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Clinics

No. of attendances at Infant Welfare Clinics....	219
No. of attendances at General Practitioners' Baby Clinics.....	38
No. of attendances at National Insurance and Ophthalmic Sessions.....	36
No. of attendances at Immunisation Sessions (at home and specials).....	250
No. of Geriatric Clinics.....	6

Home Helps

No. of visits in connection with the Home Help Service.....	1502
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SECTION 26 - VACCINATION AND IMMUNISATION

The following is a summary of the numbers vaccinated or immunised in 1964, including re-inforcing injections:-

	<u>Year of Birth</u>					<u>Total</u>
	<u>1964</u>	<u>1963</u>	<u>1960-62</u>	<u>1949-59</u>	<u>Over 15</u>	
Smallpox	14	46	8	1	2	71
Diphtheria	126	176	72	41	-	415
Whooping Cough	116	79	2	1	-	198

	<u>1964</u>	<u>1963</u>	<u>1961-62</u>	<u>1960-43</u>	<u>1942-33</u>	<u>Others</u>	<u>Total</u>
Poliomyelitis	31	161	74	32	6	6	210
No. of persons given 3rd injection of Salk vaccine or 4th injection of quadruple vaccine.....							98
No. of persons given 4th injection of Salk vaccine or 5th injection of quadruple vaccine.....							35
No. of persons given a reinforcing dose of Oral vaccine after							
			(1)	2 Salk doses			10
			(2)	3 Salk doses or 3 Oral doses or 2 Salk doses plus 2 Oral doses			29

STATISTICAL SUMMARY OF VACCINATION & IMMUNISATION

Percentages Vaccinated

Children born in 1963 who have been vaccinated by 31.12.64 expressed as a percentage.

	<u>Smallpox</u>	<u>Poliomyelitis</u>	<u>Whooping Cough</u>	<u>Diphtheria</u>
County	22	88	38	69
Wales	19	59	64	65
England & Wales	32	60	68	69

Although records have not been kept of vaccination against Tetanus, in fact, a considerable number of children have been immunised against this hazard as Triple and Quadruple Vaccines contain a fraction of Tetanus Toxoid for this purpose.

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 27 - AMBULANCE SERVICE

Statistics for 1964 are as follows:-

<u>Ambulance</u>	<u>No. of Journeys</u>	<u>Mileage</u>	<u>Type of Case</u>	
			<u>Illness</u>	<u>Accident</u>
Knighton	116	7,156	103	13
Llandrindod Wells	231	9,916	226	13
Presteigne	76	3,854	70	9
Rhayader	67	2,885	52	17
Total	490	23,811	451	52

Total Annual Mileage:

Year	Ambulances	Sitting-case cars	All Vehicles	Increase or Decrease on previous year (per cent)
1950	13,676	47,466	61,142	+ 35.9
1951	16,949	58,226	75,175	+ 22.9
1952	13,989	61,500	75,489	+ 0.4
1953	16,029	65,867	81,896	+ 8.4
1954	16,305	76,022	92,325	+ 12.7
1955	20,580	85,935	106,515	+ 15.4
1956	19,413	128,265	147,678	+ 38.6
1957	17,490	107,652	125,142	- 15.4
1958	17,003	107,053	124,056	- 0.9
1959	18,774	111,498	130,272	+ 5.0
1960	16,544	144,267	160,811	+ 23.4
1961	20,452	162,795	183,247	+ 13.9
1962	21,641	168,732	190,373	+ 3.9
1963	21,704	179,678	201,382	+ 5.8
1964	23,811	206,837½	230,648½	+ 14.5

In 1964 ambulance vehicles did 1,301 miles per 1,000 of the population compared with 1,181 in 1963, while sitting-case cars covered 11,303 as against 9,781 in 1963. The number of journeys per 1,000 of the population made by ambulance vehicles was 27 compared with 25 in 1963, and by sitting-case cars 241 compared with 230 in 1963.

Perhaps the most significant event in the provision of the Health Services during 1964 was the fact that Radnorshire became responsible for administering and running its own ambulance service.

From the inception of the National Health Service in 1948, the Welsh Ambulance Committee of the Order of St. John and the British Red Cross Society in Cardiff provided an ambulance service for all local health authorities in Wales on an "agency arrangement". Radnorshire entered into such an arrangement in 1948 along with other authorities in the Principality but over the years the larger authorities withdrew until only the three Mid-Wales County Councils, namely Brecon, Radnor and Montgomery remained. It was envisaged that with the gradual decline in the number of authorities for whom an ambulance service was provided, that the Welsh Ambulance Committee would eventually "wind-up" and this belief became a reality when in December, 1963 notification was received that due to the illness of the Controller of the Ambulance Department, the Welsh Ambulance Committee were compelled to seek release from the contractual obligations by the 31st March, 1964.

Subsequent to this notification a joint meeting of representatives of the Breconshire and Radnorshire Councils was held where it was felt that a joint service would not be financially beneficial. As a result the Radnorshire Health Committee agreed to "go it alone" and provide their own ambulance service as from the 1st April, 1964.

The request by the Welsh Ambulance Committee that the Council take over the service as from the 1st April did not give a great deal of time and necessitated decisions being made urgently.

Administration of the ambulance service became the responsibility of the County Health Department and entailed such things as licencing and insurance of vehicles, arrangements for servicing and maintenance of vehicles, payment of accounts to the Hospital Management Committee, to drivers and attendants, to garaging of vehicles, supply of petrol, oil etc.

The St. John and British Red Cross personnel who help in the running of the service at the Presteigne and Rhayader Stations agreed to carry on as in the past as also did Messrs. S.W. Brisbane & Son, Ltd., at Knighton. The Central Ambulance Control is situated at the Llandrindod Wells Hospital by arrangement with the Hospital Management Committee who agreed to continue their services.

Prior to the 1st. April, 1964 there were four ambulance vehicles in the county, three of which were owned by the Welsh Ambulance Committee - a 1953 Morris at Llandrindod Wells, a 1961 Ford Thames at Presteigne and a 1957 Bedford at Rhayader. The 1957 Morris stationed at Knighton was the property of the Radnor County Council. Of the four ambulances only two were considered satisfactory, the Morris at Knighton and the Ford Thames at

Presteigne and it was decided to purchase the latter from the Welsh Ambulance Committee at a cost of £800. The Council agreed to purchase two new ambulances but because of the delay of some months between ordering and delivering it became necessary to purchase the Welsh Ambulance Committee owned vehicles at Llandrindod Wells and Rhayader at a cost of £100 and £200 respectively, the Llandrindod Wells ambulance to become a "second-line" vehicle and the Rhayader vehicle sold in part exchange for one of the new ambulances.

The Ambulance Service Sub-Committee subsequently inspected five ambulance vehicles and after consideration agreed to the purchase of an Austin Princess with 4 litre chassis and a long wheel base Land Rover, both with Lomas bodies and Patent Stretcher gear. Tenders were invited for the supply of these vehicles and orders were placed with the successful tenderer, Automobile Palace, Ltd., on the 20th April but the vehicles were not received and taken into service until October.

The Austin Princess provides probably the most comfortable ride of present day ambulances and is particularly suited to long journeys which are often made in view of the geographical location of this county. The Land Rover can be considered an "all purpose" vehicle and though stationed at Rhayader can be called upon to reach inaccessible farmsteads in any part of the county.

A rather "thorny" problem was the servicing and maintenance of the ambulances. The possibility was investigated of making use of the Servicing Staff of the Fire Brigade and other such bodies but this was not possible. General servicing was therefore entrusted to local garages who also supply petrol and oil, etc. Garaging arrangements for vehicles continued as formerly, except that the "second-line" vehicle at Llandrindod Wells is garaged at the Automobile Palace, Ltd.

The vehicles purchased from the Welsh Ambulance Committee were re-labelled with the inscription "Radnorshire County Council" and the Council Crest.

Administrative arrangements for a smooth "take-over" on the 1st April were numerous and included such items as notifying the Postmaster General of transfer of telephones and arranging installations for new ambulance drivers, obtaining credit cards for use of drivers at petrol filling stations when on long journeys, re-direction of electricity and water accounts and amendment and introduction of forms to be used in the service.

The allowances payable to the voluntary personnel at the Presteigne and Rhayader Stations were increased to 4/-d. per hour for actual duty and to 10/-d. per week for standby allowance for driver and attendant. These payments are made quarterly.

Ambulance drivers at Presteigne and Rhayader are members of the St. John Ambulance Brigade and wear St. John uniform but the drivers at the Knighton and Llandrindod Wells Stations have had to undertake ambulance duties in their own clothing. It was decided therefore to supply these men with grey nylon overall coats wearing a cloth badge embossed "Radnorshire Ambulance Service", and black peak caps, the cost to be included in the Health Committee's estimates for 1965/66.

One unpleasant feature during the year occurred in November when the local press reported on a meeting of the Knighton Urban District Council at which the Knighton Ambulance Service was criticised. The published criticism was most unfortunate and was directed at Messrs. S.W.Brisbane & Son, Ltd. who have provided an ambulance service in the Knighton area since 1948. As a result of the publicity Messrs. Brisbane and the ambulance drivers informed me that they had no alternative but to resign and it was only after a letter signed by the Chairman and Vice-Chairman of the Health Committee and myself publicly expressing satisfaction with the very commendable service provided by the firm, that Messrs. Brisbane's agreed to withdraw their resignation. Had they not agreed to continue then the cost of providing an ambulance service in Knighton would have been much increased.

The 1st. January, 1964 saw the beginning of the second two year contract period of the Contract Scheme for sitting-case cars. There was a change of proprietor in the Rhayader and Abbeycwmhir areas with an additional garage going into joint tender with the previous contractor for the Knighton area. The contract scheme has indeed proved satisfactory and works smoothly.

HEALTH EDUCATION

In spite of all the publicity in regard to matters affecting health, much of it of good quality, in books, magazines and newspapers, as well as on radio and television programmes, there is still need for a Local Health Authority to undertake Health Education. The need for this in Radnorshire is as great as in any other rural area, as primitive and even superstitious ideas persist in places, and moreover, the sturdy independence of the people here makes them less ready to accept new concepts.

Because of the low density of population and the small size of the villages, health exhibitions, demonstrations, lectures, film shows and other formal methods of health education are less appropriate and less remunerative than elsewhere. The Health Visitors have nevertheless given talks to Women's Institutes and other voluntary bodies.

Visits were also paid to secondary schools to give health talks including talks to discourage children from cigarette smoking. Probably our anti-smoking propaganda is quite ineffective. Cigarette sales increase and there is a vast disparity between the effort and huge expenditure by the tobacco companies on persuading people to smoke, and the effort of a local health authority in the opposite direction. Surely the time is overdue for stronger action by the government to discourage this habit of cigarette smoking which leads to the death from lung cancer, chronic bronchitis or other disease of 1 man in 7 in this county.

PREVENTION OF TUBERCULOSIS

A resume of the County Council's duties and functions was given on page 31 of my annual report for 1962.

Ten years ago the number of persons on the county tuberculosis register was 110. The total of 56 in 1964 means that, during this ten year period, the number of persons suffering from the disease dropped by approximately 50%

The following statistics have been supplied by the Chest Physician:-

	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>
Number of notified cases	6	14	11	3	*6
Contacts examined	28	22	37	33	40
Contacts given B.C.G.	12	14	9	7	7

* includes one transferred into the county.

The total number of Radnorshire patients referred to Chest Clinics for the first time during 1964 was 261.

The total number of attendances at the Llandrindod Wells Chest Clinic during the year was 396.

The number of new cases during the year are shown in the following table:-

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-								
1-								
2-								
5-								
10-								
15-								
20-	-	1						
25-	1	-						
35-	-	1	-	1				
45-	1	-	-	1				
55-	-	1	2	-				
65-								
75+								
Total	2	3	2	2				

The following table shows the total number of cases on the County Register at the end of the year:-

Age Periods	Respiratory		Non-Respiratory		All Forms	
	M	F	M	F	M	F
0-						
1-						
2-						
5-						
10-						
15-	-	1	1	-	1	1
20-	-	3	-	-	-	3
25-	2	5	-	2	2	7
35-	1	4	2	3	3	7
45-	7	3	2	1	9	4
55-	4	3	2	-	6	3
65-	3	5	-	-	3	5
75+	1	-	1	-	2	-
Total	18	24	8	6	26	30

B.C.G. VACCINATION

The scheme for the protection of children against tuberculosis by B.C.G. Vaccination was continued to include the following groups:-

- (1) School children approaching 13 years of age who could be conveniently vaccinated along with others of that age:
- (2) 13-14 year old children:
- (3) children of 14 years.

The results of the scheme during the year were as follows:-

	<u>Groups</u>			<u>Totals</u>
	(1)	(2)	(3)	
No. of children eligible	13	185	39	237
No. of consents	9	167	34	212
No. of parents refused	2	18	5	25
No. Tuberculin Tested	10	149	31	190
No. found to be negative reactors and vaccinated	10	135	26	171
No. found to be tuberculin positive	-	7	2	9

The total percentage of parents consenting throughout the county including the Residential School was 88.7

On the occasions when tuberculin tests were carried out 22 children were absent from school and a further 10 children were absent for B.C.G. vaccination.

Nine Radnorshire children were found to be tuberculin positive, which showed that they had at some time previously been exposed to tuberculous infection.

The percentages of children found to be positive in the individual groups were as follows:-

	<u>Groups</u>			<u>Totals</u>
	(1)	(2)	(3)	
All children	-	4.5	6.4	4.6
Radnorshire children	-	-	6.4	4.7

The percentage of Radnorshire children of 13-14 years of age found to be tuberculin positive during the last five years are as follows:-

1960.....	10.2
1961.....	13.6
1962.....	7.9
1963.....	7.9
1964.....	4.7

Tuberculin testing was again done by Heaf's Multiple Puncture "Gun".

All children who were tuberculin positive were given a special leaflet which explains the significance of the reaction, and were visited by a health visitor, enquiries being made as to possible contact with persons suffering from tuberculosis. Each tuberculin positive child was also X-rayed at the Llandrindod Wells County Hospital or the Brecon Hospital, the radiographs being inspected by Dr. D. Ivor A. Williams, the Chest Physician. None of these children showed evidence of active tuberculosis.

Those children who were given B.C.G. were given a leaflet explaining the effects of the vaccination.

CHIROPODY SERVICES

A chiropody service for old people, expectant mothers and physically handicapped persons is provided on behalf of the authority by the County of Radnor Old People's Welfare Committee, to which the authority makes an annual grant. Two qualified chiropodists are employed on a sessional basis.

Miss D. A. Payne, M.B.E. the Honorary Secretary of the County of Radnor Old People's Welfare Committee, submits the following report:-

"The Chiropody Service continued as in previous years. Sixteen and half sessions were held during 1964 and it was hoped to increase this number in 1965. A domiciliary service was started in April 1964 and this has proved beneficial to old people who are unable to attend out clinics.

Patients from 39 villages attended for treatment. But

for the shortage of chiropodists (medical auxiliaries) greater expansion would be possible.

Provision of Chiropody Service in Radnorshire - Clinics

<u>Clinic</u>	<u>No. of Patients</u>	<u>No. of Treatments</u>
Llandrindod Wells	181	476
Knighton	42	144
New Radnor	53	176
Presteigne	50	144
Rhayader	94	288
Total	420	1228

With the exception of Knighton, where patients are seen in Chiropodist's own surgery, all are sessional clinics operated by one Chiropodist from Hereford.

Where necessary transport is provided under our sitting-car service to enable patients to attend the clinics.

A charge of 2/6d. is made for each treatment but this charge is waived in the case of patients in receipt of National Assistance.

HOME HELP SERVICE

The Superintendent Nursing Officer is the Home Help Organiser and therefore, she has the day-to-day control of the service. Reference is made to the Home Help Service by the Superintendent Nursing Officer in her report under the Nursing Services.

Total number of households supplied
with the services of a Home Help..... 65

Total number of Home Helps employed..... 41

Reasons for Employment of Home Helps

Aged 65 years or over..... 60
Chronic sick and tuberculous..... 3
Maternity cases..... 1
Mentally disordered..... 1
Others..... -

MENTAL HEALTH SERVICES

For the purpose of the Mental Health Act, 1959, which became operative in November, 1960, the district nurses and health visitors were appointed as Mental Welfare Officers, and they continued in this capacity in 1964. Their work in the main is the home visiting of mentally sub-normal persons and the care and after-care of patients discharged from mental hospitals.

PSYCHIATRIC CLINIC

Dr. Gordon Diggle, the Superintendent of the Mid-Wales Hospital, and our advisor in mental health, contributes the following report:-

Out-patient facilities

"A weekly out-patient clinic is held at Llandrindod Wells at which patients from most parts of Radnorshire and North Breconshire are seen. During the year 99 new patients were seen with 509 total attendances. A few patients from Radnorshire have been seen at the Hereford Out-patient clinic. The actual attendance figures for Radnorshire cannot be separated from those from other counties. Visits to patient's homes, other hospitals and to Old People's Homes are made by myself and other members of the Staff of this hospital as and when required.

In-patient facilities

Patients requiring in-patient psychiatric treatment are normally admitted to Mid-Wales Hospital, Talgarth, although a few patients from the Presteigne area are admitted to St. Mary's Hospital, Hereford as this is more convenient for visiting. Patients suffering from sub-normality who require admission to hospital are admitted to such hospitals in Wales as can provide a vacancy.

No difficulties have arisen during the year and the service provided apparently meets all the needs of local G.P.s. The only problem that does arise is the accommodation for the senile, confused patient who has got beyond home care. This is a national problem and no solution seems to be in sight. The Mid-Wales Hospital, Talgarth, attempts to take as many patients of this type as it can and regards them as emergency admissions, giving them at least the same urgency of admission as that of younger patients."

Miss Gwendoline Morgan, the Social Worker writes as follows:-

"The Psychiatric Social Services are organised to give

practical support and care to patients both in and out of hospital. Regular visits to the Wards enable the in-patients to maintain a link with home and to discuss problems relating to departments, insurance and domestic matters.. The need to keep the long stay patient in touch with modern trends and to prevent him becoming institutionalised is always a major concern in a psychiatric hospital and in the past year, classes have been arranged in Beauty Culture and Physical Education, both of which encourage and stimulate interest in personal appearance and general awareness.

The after-care services deal with patients who have left hospital or who are receiving treatment at Psychiatric Clinics. The Health Visitors of the Local Authority combine with the Psychiatric Social Worker in providing this domiciliary service in which resettlement and rehabilitation are the chief objects. Advice to relatives, moral support and practical help to the patient in obtaining work and dealing with day to day problems and anxieties often prevent re-admission to hospital. Contact with employers and the Ministry of Labour ensures that suitable work is obtained whereby the patient can maintain himself in normal society.

The outstanding problem of the psychiatric welfare service still remains the rehabilitation of the chronic schizophrenic in that suitable employment is seldom available in rural areas and Radnorshire supplies little of the social stimulus he needs for good re-adjustment. Despite difficulties, there is, however, a regular flow of improved schizophrenics being adapted into the community. Where success has been achieved, this has been mainly due to the insight and tolerance of employers and workmates. An example of this has been the settlement of two middle-aged women in domestic work at a Llandrindod Wells Nursing Home and the satisfactory progress of a younger woman at an egg packing depot. There has been a noticeable improvement in the attitude of the general public toward those suffering from mental illness and many of the superstitions and fears have disappeared under the influence of wider education obtained by television programmes, and public talks given by workers in the Psychiatric Field. Without doubt, carefully selected employment is the best social therapeutic means of helping a chronic schizophrenic sufferer. His physical and mental limitations at first make it difficult for him to compete in normal society in that his speed and concentration are below par and he is unable to cope with responsibility until he has had a considerable period of re-adjustment. The attitude of his fellow men can either make or break his effort to return to normality but where a sympathetic employer is prepared to encourage and train him, he can become a worthwhile and loyal worker.

In order to co-ordinate the work of the after-care service, the Health Visitors of the Local Authority and hospital staff meet together for monthly case conferences to discuss the

progress of patients and to hear lectures on recent trends in psychiatric medicine.

Analysis for 1964

No. admissions to Mid-Wales Hospital.....	71
No. discharges from " " "	64
No. patient attendances at Out-patient Clinics....	551
No. persons receiving after-care.....	102
No. after-care visits.....	268
Kindred Social work visits.....	84"

NATIONAL ASSISTANCE ACT, 1948

SECTIONS 29 & 30

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

Four new cases (1 man and 3 women) were registered as blind and three blind persons (2 men and 1 woman) died. In addition, two blind women left the county.

One new case, a man aged 88 years and suffering from immature cataracts, was registered as partially-sighted. This was the only change in the partially sighted register.

BLIND REGISTER

Age	Male	Female	Total
0-15	1	-	1
16-20	1	-	1
21-29	-	1	1
30-39	1	-	1
40-49	-	1	1
50-59	2	6	8
60-69	6	3	9
70-79	14	9	23
80-89	7	8	15
90+	2	3	5
Total	34	31	65

PARTIALLY-SIGHTED REGISTER

Age	Male	Female	Total
0-15	1	2	3
16-20	-	-	-
21-29	-	-	-
30-39	-	1	1
40-49	-	-	-
50-59	-	1	1
60-69	1	1	2
70-79	-	-	-
80-89	1	1	2
90+	-	-	-
Total	3	6	9

FOLLOW-UP OF REGISTERED & PARTIALLY-SIGHTED PERSONS

Number of cases registered during the year in respect of which Form B.D.8 recommends:	Cortical Blindness	Diabetic Retinopathy	Immature Cataracts	Senile Cataracts	Senile Macula Degeneration
(a) No treatment	-	-	-	-	1
(b) Medical	-	1	-	-	-
(c) Surgical	-	-	-	1	-
(d) Optical	-	-	-	-	-
(e) Ophthalmic Medical Supervision	1	-	1	-	-

The blind persons suffering from diabetic retinopathy was also recommended for ophthalmic medical supervision.

No cases of ophthalmia neonatorum were notified during the year.

Mr. Richard Oldbury, our Home Teacher of the Blind has continued to visit all blind persons in Radnorshire throughout the year.

RADNORSHIRE ASSOCIATION FOR THE BLIND

Mrs. C. H. Medlicott of Knighton, the Honorary Secretary of the Radnor Association for the Blind, submits the following note on the activities undertaken by the Association:-

"The Annual General Meeting was held at Knighton when the Knighton Old People's Welfare Committee entertained the blind to tea. Among other activities arranged during the year was a garden party which was held at Llysdyman and an outing to Aberystwyth which was well attended by the blind people.

Each registered blind and partially-sighted person received a Christmas gift of £3, £2 or £1. Holiday grants were also given.

Other help to blind persons during the year included the provision of wireless sets, electric shavers and other equipment."

WELFARE SERVICES FOR PHYSICALLY HANDICAPPED PERSONS

The County Council's scheme, adopted in 1960 under Sections 29 and 30 of the National Assistance Act, 1948, for extending its welfare arrangements for physically handicapped persons, has been fully described in the previous annual reports. The aims and scope of this extended service were given at some length on pages 46 and 47 of my report for 1962.

Development of the service has been handicapped this year by the illness for a great part of the time of our Craft Instructress.

PHYSICALLY HANDICAPPED PERSONS

The number of physically handicapped persons on the register at the end of the year are shown in the following table:-

	M	F	Total
Group "A" (capable of work under ordinary industrial conditions)	6	1	7
Group "B" (incapable of work under ordinary industrial conditions but capable of work in sheltered workshops)	5	1	6
Group "C" (capable of work at home only)	9	35	44
Group "D" (incapable of, or not available for, work)	4	9	13
Group "E" (children under the age of 16 years)	4	2	6
	28	48	76

The age groups of the 76 persons registered as physically handicapped are as follows:-

	M	F	Total
0-15	4	2	6
16-20	2	1	3
21-29	3	1	4
30-39	2	2	4
40-49	2	5	7
50-59	9	9	18
60-69	5	12	17
70-79	1	10	11
80-89	-	6	6
	28	48	76

The following table shows the classification of physically handicapped persons and the number of registered according to their disability:-

<u>Classification</u>		<u>Group</u>					Total
		"A"	"B"	"C"	"D"	"E"	
A/E	Amputation	2	-	2	2	-	6
F	Arthritis and rheumatism	-	-	20	7	-	27
G	Congenital malformations and deformities	-	-	-	-	2	2
H/L	Diseases of digestive, genito-urinary, heart or circulatory and respiratory systems (other than tuberculosis), and diseases of the skin	-	-	3	1	-	4
Q/T	Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of upper and lower limbs and of spine	-	1	1	-	-	2
V	Organic nervous diseases	4	2	15	2	4	27
U/V	Neurosis, psychoses and other nervous and mental disorders not included in V	-	3	1	-	-	4
X	Tuberculosis (respiratory)	-	-	-	-	-	-
Y	Tuberculosis (non-respiratory)	1	-	-	-	-	1
Z	Diseases and injuries not specified above	-	-	2	1	-	3
Total		7	6	44	13	6	76

WELFARE OF THE DEAF

At the end of the year 30 persons were registered as Deaf or "Hard of Hearing". Of this number, 17 (56%) were over the age of 65. The number on the register was as follows:-

	<u>Children</u> <u>under 16 years</u>		<u>Persons</u> <u>aged 16-64</u>		<u>Persons aged</u> <u>65 and over</u>	
	M	F	M	F	M	F
Deaf	-	-	3	3	5	6
Hard of Hearing	-	-	3	4	2	4

Of the 17 deaf persons, 6 (35%) were without speech; (3 in the 16-64 age group, and 3 over the age of 65) and 4 of the six were men.

Eleven persons (65%), that is 4 men and 7 women were deaf with speech; in this group 1 man and 2 women were under the age of 65 years.

WELFARE SERVICES FOR OLD PEOPLE

The duties and functions of the County Council under Part III of the National Assistance Act, 1948, have been fully described in previous reports.

In 1964 commencement was made in the building of two new Old People's Homes, one at Rhayader to accommodate 10 old people and the other at Lant Avenue, Llandrindod Wells to accommodate 20 old people. By the end of the year they were both partially completed, but building progress on both these homes was rather slow and it is not anticipated that either home will be ready for occupation before the autumn of 1965.

MEALS ON WHEELS

The scheme in Rhayader of the provision of one hot meal a week was greatly appreciated by the recipients, although the number of persons who received a meal exceeded the national average. The Women's Voluntary Service operated this scheme during the trial period. The members of the County of Radnor Old People's Welfare Committee put into operation a Meals on Wheels Service in the Boughrood area during the year and it is hoped that this service will prove beneficial and can be extended to other parts of Radnorshire.

INFECTIOUS DISEASES

226 cases of notifiable infectious diseases were notified during the year by the District Medical Officers of Health to the County Medical Officer:

	Knighton	Llandrindod Wells	Presteigne	Total Urban	Colwyn	Knighton	New Radnor	Painscastle	Rhayader	Total Rural	Total County
Chickenpox	1	1	1	1	1	1	1	1	1	1	1
Dysentery	1	1	1	1	1	1	1	1	1	1	1
Erysipelas	1	1	1	1	1	1	1	1	1	1	1
Food Poisoning	1	1	1	1	1	1	1	1	1	1	1
Measles ,	5	7	43	55	4	15	-	3	96	118	173
German Measles	-	-	-	-	1	-	1	-	-	2	2
Mumps	2	16	-	18	-	-	-	1	-	1	19
Pneumonia	-	-	5	5	-	-	-	-	1	1	6
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	1	-	-	2	-	3	3
Tuberculosis											
respiratory	1	1	-	2	-	-	-	2	-	2	4
non-respiratory	-	1	-	1	-	2	-	-	-	2	3
Whooping Cough	-	-	-	-	-	7	-	-	1	8	8

VENEREAL DISEASE

Patients in need of treatment are referred to clinics at Hereford or Shrewsbury. The number of cases and attendances are as follows:-

		<u>Hereford</u>		<u>Shrewsbury</u>	
		M	F	M	F
Syphilis	Cases.....	-	-	-	1
	Attendances.....	-	-	-	5
Gonorrhoea	Cases.....	-	-	-	-
	Attendances.....	-	-	-	-
Other conditions	Cases.....	2	-	1	-
	Attendances.....	3	-	1	-

PUBLIC HEALTH LABORATORY SERVICE

As there is no Public Health Laboratory in the county specimens for bacteriological examination are sent to Hereford or Shrewsbury and water samples requiring chemical analysis are sent to Mr. D. C. Jenkins, the Public Analyst at Carmarthen.

FOOD & DRUGS ACT, 1955

This work is undertaken by the Inspector of Weights and Measures, Mr. R. W. Price, who is also Inspector under the Food and Drugs Act.

DEVELOPMENT OF THE HEALTH & WELFARE SERVICES

It was recommended that no modification should be made to the ten year plan for the development of the health and welfare services which had been agreed the previous year.

Table 1
Causes of death in Administrative Areas of the County of Radnor for
1964

Causes of Death	Urban Districts																Rural Districts								County		
	Knighton		Llandrindod Wells		Presteigne		Colwyn		Knighton		New Radnor		Painscastle		Rhayader		M	F	Total								
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F											
tuberculosis																											
respiratory:		1																1	1								
alignant Neoplasm:																											
stomach				1				1	1			2		1	1	1	3	5	8								
alignant Neoplasm:																											
lung, bronchus	1								1	1		1			1		3	2	5								
alignant Neoplasm:																											
breast		1		2										1				4	4								
alignant Neoplasm:																											
uterus																1		1	1								
ther Malignant and																											
lymphatic Neoplasms:		3	2		1	2	2		1	1	1	1		1	3	4	10	12	22								
leukaemia and																											
Aleukaemia:												1					1		1								
diabetes:				1			1										2		2								
ascular Lesions of																											
Nervous System:	7	7	3	11	1		2		4	4	1	2	1		2	8	21	32	53								
coronary Disease,																											
Angina:	3	6	9	12	1		3	1	3	4	2	1	4	3	8	2	33	29	62								
ypertension with																											
Heart Disease:				1						2				1			3	2	5								
ther Heart Disease:	1		1	2		1	1	4	1	2	1	1	2	3	1	3	8	16	24								
ther Circulatory																											
Disease:	1			1	1	1			1	2	2				1	1	6	5	11								
nfluenza:		1	1	1		1											1	3	4								
neumonia:	1	4	1	1	1	1		1						1			4	7	11								
ronchitis:	1	1	1					1	1	1	1			1		1	6	4	10								
ther diseases of																											
Respiratory System:																1			1								
astritis, Enteritis																											
and Diarrhoea:																											
ephritis & Nephrosis:					1													1	1								
ongenital					2													2	3								
Malformations:																											
ther defined and ill-																											
defined diseases:	1	2	2	1	2			1	1	2	1			1	1	3	11	7	18								
otor Vehicle Accidents:										1	1					2	3	1	4								
ll other accidents:		2				1	2							1		2	4	4	8								
uicide:							1									1	2		2								
Total all causes:	16	28	23	34	8	8	10	9	14	20	12	9	12	10	29	21	124	139	263								

Table 2

Causes of Death at the various periods of life in the County of Radnor.
1964

Aggregate of Urban Districts

Causes of Death	All ages		0-		1-		5-		15-		25-		35-		45-		55-		65-		75-	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis respiratory		1																			1	
Malignant neoplasm: stomach	1																				1	
Malignant neoplasm: lungs, bronchus	1																1					
Malignant neoplasm: breast		3											1		1		1					
Malignant neoplasm: uterus																						
Other malignant and lymphatic neoplasms:	3	5																	2	2	1	3
Diabetes:	1																		1			
Vascular lesions of nervous system:	11	18													1	3	2	3	6	14		
Coronary disease, angina:	13	18													1	5	2	3	4	4	12	
Hypertension with heart disease:	1																		1			
Other heart disease:	2	3																	1	2	2	
Other circulatory disease:	2	2																			2	2
Influenza:	1	3																	1		3	
Pneumonia:	3	6																			3	6
Bronchitis:	2	1													1				1	1		
Other disease of respiratory system:																						
Ulcer of stomach and duodenum:																						
Gastritis, enteritis and diarrhoea:		1																	1			
Nephritis and Nephrosis:		2		1																		1
Congenital malformations:																						
Other defined and ill- defined diseases:	5	3	1													1		3	1	1	1	
Motor vehicle accidents:																						
All other accidents:	1	4																	1		4	
Suicide:																						
Total all causes	47	70	1	1									1	2	3	8	4	16	12	20	49	

Table 2

Causes of death at the various periods of life in the County of Radnor
1964

Aggregate of Rural Districts

Causes of Death	All ages		0-		1-		5-		15-		25-		35-		45-		55-		65-		75-	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis respiratory																						
Malignant neoplasm:																						
stomach	2	5											1		1	1		1	1		2	
Malignant neoplasm:																						
lung, bronchus	2	2												1			1	1	1			
Malignant neoplasm:																						
breast		1																			1	
Malignant neoplasm:																						
uterus		1															1					
Other malignant and																						
lymphatic neoplasms:	7	7															2	5	3		2	2
Leukaemia and																						
Aleukaemia:	1																		1			
Diabetes:	1														1							
Vascular lesions of																						
nervous system:	10	14												1		1	4	1	3	5	3	6
Coronary disease,																						
angina:	20	11															4	1	5	3	11	7
Hypertension with																						
heart disease:	2	2																1	2	1		
Other heart disease:	6	13																1	1	2	5	10
Other circulatory																						
disease:	4	3																		2	4	1
Influenza:																						
Pneumonia:	1	1																	1			1
Bronchitis:	4	3																	2	3	2	
Other diseases of																						
respiratory system:	1																1					
Ulcer of stomach and																						
duodenum:																						
Gastritis, enteritis																						
and diarrhoea:																						
Nephritis and Nephrosis:	1																1					
Congenital malformations:	1	1	1		1																	
Other defined and ill-																						
defined diseases:	6	4	1															1	4	1	1	2
Motor vehicle accidents:	3	1							1	1	1								1			
All other accidents:	3										1				1					1		
Suicide:	2								1						1							
Total all causes	77	60	2		1				2	1	2			2	4	2	13	12	25	19	29	32

Table 3

Area	Live Births			Still Births	
	No.	Birth Rates		No.	Rates per 1,000 live and still births (total)
	1964	1964	1960-64	1964	1964
Urban Districts:					
Knighton	32	17.6	17.1	-	-
Llandrindod Wells	56	17.7	13.9	1	17.5
Presteigne	27	22.3	17.1	-	-
Rural Districts:					
Colwyn	29	17.9	17.4	-	-
Knighton	49	18.1	15.2	-	-
New Radnor	34	16.6	16.9	2	55.5
Painscastle	14	8.5	12.2	1	66.6
Rhayader	67	13.8	15.9	-	-
Urban Districts	115	18.6	15.4	1	8.1
Rural Districts	193	15.9	15.6	3	15.3
County	308	16.8	15.5	4	12.8

Table 4

Area	No. of Deaths	Crude death rates	
		1964	1960-64
Urban Districts:			
Knighton	44	24.3	19.0
Llandrindod Wells	57	18.3	16.4
Presteigne	16	13.2	9.0
Rural Districts:			
Colwyn	19	11.7	12.5
Knighton	34	12.6	11.4
New Radnor	21	10.2	8.3
Painscastle	22	3.3	9.9
Rhayader	50	12.1	12.7
Urban Districts	117	18.9	16.3
Rural Districts	146	12.0	11.2
Total County	263	14.4	13.0

ANNUAL REPORT
of the
PRINCIPAL SCHOOL MEDICAL OFFICER
for
1964

RADNORSHIRE EDUCATION COMMITTEE

(As on 31st December, 1964)

Chairman: Alderman E. T. Kinsey Morgan

Vice-Chairman: Councillor T. O. Nicholls

Aldermen:

R. Brick

W. H. Evans

W. H. Edwards

P. Pritchard

J. J. Price

Mrs. M. A. Gibson-Watt, M.B.E.

J. S. Ruell

T. F. Vaughan Prickard, C.V.O.

G. R. Davies, C.B.E.

Councillors:

Mrs. D. Y. Barstow

W. R. A. Breeze

F. G. J. Dalton

C. T. Davies

J. S. Davies

J. C. Deakins

W. Evans

Major J. D. Gibson-Watt, M.C., M.P.

O. Gibbin

R. J. Griffiths

E. T. Harris

L. P. Havard

R. P. L. Hughes

C. P. Jones

J. H. Jones

V. T. Jones

R. T. Knill

Harri Lewis, C.B.E.

T. R. Lloyd

C. A. Masters

G. D. Morgan

T. O. Nicholls, O.B.E.

A. L. Pritchard

N. F. Reay

R. L. Ryder

J. G. Taft

Mrs. R. M. Thomas

E. Vaughan

C. E. Watkins

Brigadier Sir C. M. D. Venables-
Llewelyn, Bart., M.V.O.

J. Watkins

Lt. Col. H. B. Watkins, M.C., O.B.E.

Co-opted Members:

Mr. H. Donald Davies

Rev. Canon T. E. Griffiths

Mrs. M. Howse

Mr. W. Denver James

Mr. J. Prince

Rev. H. T. Samuel

Miss I. M. Stoddart

Lady Delia Venables-Llewelyn

Mrs. G. M. Walker

SPECIAL SERVICES SUB-COMMITTEE

Chairman: Councillor Brigadier Sir C.M.D. Venables-Llewelyn,
Bart., M.V.O.

Vice Chairman: Councillor O. Gibbin.

Aldermen:

G. R. Davies, C.B.E.	W. H. Edwards
W. H. Evans	Mrs. M. A. Gibson-Watt, M.B.E.
E. T. Kinsey Morgan	J. J. Price
Penry Pritchard	T. F. Vaughan-Prickard, C.V.O.

Councillors:

F. G. J. Dalton	J. S. Davies
W. Evans	E. T. Harris
L. P. Havard	R. P. L. Hughes
C. P. Jones	R. T. Knill
Harri Lewis, C.B.E.	G. D. Morgan
T. O. Nicholls, O.B.E.	N. F. Reay
Mrs. R. M. Thomas	J. Watkins

Co-opted Members:

Mrs. M. Howse	Mr. W. Denver James
Mr. J. Prince	Rev. H. T. Samuel
Lady Delia Venables-Llewelyn	

STAFF OF THE SCHOOL HEALTH SERVICE

(Shared with County Health Department)

Principal School Medical Officer:	F. J. H. Crawford, B.Sc., M.D., M.R.C.S., L.R.C.P., D.P.H., Barrister-at-Law, Middle Temple
Deputy Principal School Medical Officer (part-time):	M. Dilys Owen, J.P., B.Sc., M.B., B.Ch., D(Obst)R.C.O.G.
School Medical Officers (part-time):	Brian C. Davies, B.M., B.Ch., D(Obst)R.C.O.G. R. James Walker, M.B.B.Ch. Beryl A. Davies, B.Sc., M.B.B.Ch.
School Ophthalmic Surgeon (part-time):	Stewart S.F. Munro, M.B., Ch.B., D.O.M.S.
Principal School Dental Officer:	P. G. H. Griffith, L.D.S.
Dental Attendant:	Olwen P. Mantle.
Superintendent Nursing Officer:	E. Jean Bell-Currie, S.R.N., S.C.M., H.V.Cert., Queen's Nurse.
Clerical Staff:	W. J. Meredith, Chief Clerk G. E. H. Steventon Enid L. Barker W. S. Evans Jennifer Rees (resigned 19.2.64) S. G. Jones Betty Hickling (appointed 18.2.64) Moya Bristow (appointed 1.7.64)
Health Visitors and School Nurses (part-time):	Norline Baynham, S.R.N., S.C.M. Margaret Burkey S.R.N., S.C.M. H.V.Cert., Queen's Nurse (appointed 15.6.64 resigned 17.8.64) Margaret K. Chaplin, S.R.N., S.C.M., H.V.Cert., Queen's Nurse. Sarah M. Cole, S.R.N., S.C.M., H.V.Cert., Queen's Nurse (appointed 3.2.64) Iris M. Davies, S.R.N., S.C.M. Enid M. Hamar, S.R.N., S.C.M., H.V. Cert., Queen's Nurse. Gwyneth Lewis, S.R.N. Winifred Malone, S.R.N., R.S.C.N., H.V.Cert.

ASSOCIATED OFFICERS

Chief Education Officer:	M. W. Cole, B.A.
Administrative Officer, Education Department:	E. Pritchard
Administrative Assistant for Youth Employment, School Attendance and Welfare:	I. Daniels
School Meals Organiser:	Ann Moseley (resigned 31.3.64) Dilys M.A. James (appointed 21.9.64)
County Architect:	G. L. Edwards, Dip.Arch.,A.R.I.B.

MEDICAL INSPECTIONS

Arrangements for carrying out medical inspections have been fully explained in my previous reports. I would again like to pay tribute to Dr. Beryl Davies of Rhayader, Dr. Brian Davies of Knighton, and Dr. R. J. Walker of Presteigne who have undertaken many of these sessions; their willingness and co-operation have done much to improve the efficiency of the service.

Only 46.1% of the parents attended the examinations of their children as compared with 39.7% in 1963. This is a slight improvement on the 1963 figure.

During the year 738 children were examined in the respective age groups compared with 899 in the previous year. In addition 66 children were given special inspections as against 53 in 1963.

CO-OPERATION WITH FAMILY DOCTORS

The recommendation of the Joint Committee of the British Medical Association and the Society of Medical Officers of Health was adopted, as in previous years, with regard to children found at school medical examination to be suffering from defects other than those with defects of refraction. A letter about such children is sent from the Principal School Medical Officer to the medical practitioner concerned.

THE SCHOOL NURSING SERVICES

Miss Bell-Currie, the Superintendent Nursing Officer reports as follows:

"This service continues with only a few minor changes, hygiene inspections are less frequent, as head infestation is kept well under control.

The necessity for testing eyes of all school children is more apparent, and also time consuming as frequent visits have to be made to deal with absentees.

Full compliment of Health Visitors in the year meant that the liaison between medical practitioners and health visitors was fully maintained at medical inspections."

PRINCIPAL FINDINGS AT MEDICAL INSPECTIONS

Infestation

The number of children whose heads were found to be infested with lice was 17 compared with 37 for 1963 and the percentage of children found to be so infested was 1.3.

The actual numbers of children found to be infested during the last 10 years are given below.

1955	51	1960	13
1956	21	1961	71
1957	51	1962	66
1958	31	1963	37
1959	13	1964	17

Skin

None of the 8 children found at school medical inspection to require treatment for defects of the skin was suffering from Impetigo but 4 were suffering from Ringworm of the body and 4 from Scabies.

Teeth

Advice on the prevention of dental decay was again given at medical inspection and leaflets given to parents when necessary.

Eyes

Five school entrants were found during the year to require treatment for defective vision, excluding squint, as compared with sixteen in 1963. Twenty-seven children of the other age groups were found to be suffering from defective vision, and were recommended together with those in the entrants group for treatment by the School Ophthalmic Surgeon. Seventy-seven other children were kept under observation.

One child was found to be suffering from squint and was referred for treatment to a Consultant Ophthalmic Surgeon.

Ears, Hearing

Three children were found to be suffering from ear disease and were recommended for treatment.

Those children found to have defective hearing were tested by a Pure Tone Audiometer at the Llandrindod Wells Residential School for the Deaf. I should like to express my thanks to the Headmaster of this school for his kind help in this matter.

Nose and Throat Conditions

Thirty-six children were found to have enlarged and infected tonsils and adenoids, but only 13 of these were referred with the consent of the family doctor to a Consultant Ear, Nose and Throat Surgeon, for advice as to whether operative treatment was advised. Conservative measures were adopted in other cases, particularly dental treatment, breathing exercises and measures to improve the general health.

Tonsillectomy

The following table shows the number of children seen at periodic medical inspections during the year, whose tonsils had been removed at some time prior to the examination. As indicated above few of the children had been recommended for the operation by the School Doctor.

<u>Age Group</u>	<u>No. of children examined in each group</u>	<u>No. found to have had Tonsillectomy</u>	<u>%</u>
Entrants	262	2	.7
Second Age Group	252	5	1.9
Third Age Group	224	10	4.5

Heart & Circulation

Three children showed evidence of anaemia or heart disease. None of these was excluded from games or physical training.

Lungs

No child examined during the year at routine medical inspection was suspected of having pulmonary tuberculosis.

Orthopaedic Defects

Fourteen children were found to have poor posture, but only three of these children were referred to the Orthopaedic Clinic. Twenty-two children who had 'flat' feet were recommended for treatment. Seven children were in need of treatment for other orthopaedic conditions. Some of these had hallux valgus.

Follow-up notices were sent to the school nurses for those children having orthopaedic defects, recommending the form of exercise necessary.

Physical Condition

On the completion of the medical examination of a child, he or she is assessed on general health and placed in one of two classifications, namely satisfactory or unsatisfactory. Seven children, that is .9% of all children examined, were considered to be in an unsatisfactory condition.

Partially-sighted Pupils

Two partially-sighted pupils of school age continue to attend Ysgol Penybont Residential School, Bridgend.

Partially Hearing Pupils

There are no children of school age in the county who have a sufficiently serious hearing loss to require admission to a special school.

Educationally Sub-normal Pupils

Seven children attended Residential Special Schools for Educationally Sub-normal Pupils. Seven children in need of such treatment remain unplaced. Ascertainment of educationally sub-normal pupils is incomplete. The number requiring special educational treatment is considerably greater than the figures would suggest.

Epileptic Pupils

Seven children suffer from occasional minor attacks of epilepsy but these are not serious enough to warrant admission to a special school.

Physically Handicapped Pupils

A spastic boy from Knighton continues to attend the Craig-y-Parc Special School, Cardiff.

A spastic 8 year old girl from Llangunllo attends the Erw'r Delyn Residential School, Penarth.

Delicate Pupils

One girl attends the Penoyre Residential Special School. One other child would benefit from residence in a school for delicate children, but the parents have refused consent.

Pupils with Speech Defects

Fifteen children were found at medical inspections to have a speech defect. Fifteen children now attend the Speech Therapy Clinic at Kington which is administered by the Herefordshire Education Committee.

MEDICAL TREATMENT

Altogether 126 children at periodic inspection and 27 at special inspection were found to be suffering from defects considered to require treatment. Except for defects of refraction these were referred to the family doctor who was informed that if specialist treatment was required, the School Medical Officer could make arrangements for this.

School children were sent to the following hospitals outside the county for advice and treatment by consultants during the year:-

Cottage Hospital, Builth Wells.

County Hospital, Hereford.

General Hospital, Hereford.

Ear, Nose & Throat Hospital, Shrewsbury.

Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry.

Victoria Eye Hospital, Hereford.
Plastic Surgery Centre, St. Lawrence Hospital, Chepstow.
Children's Hospital, Birmingham.

School children were treated as in-patients at the Llandrindod Wells Hospital during the year for the following conditions:-

<u>Condition</u>	<u>No. Treated</u>
Infected Tonsils and Adenoids	12
Infected Tonsils	6
Appendicitis	9
Observation	3
Foot and Leg Injury	2

It will be seen that the majority of these children received operative treatment of Tonsils and Adenoids.

ORTHOPAEDIC TREATMENT

Orthopaedic Clinics are held at monthly intervals at County Hall by a Consultant and Registrar from the Oswestry Orthopaedic Hospital, and after-care is supervised by an Orthopaedic Sister who attends a clinic held twice monthly in the same building.

TREATMENT OF DEFECTIVE VISION AND SQUINT

One hundred and twenty-three children were examined by the Consultant Ophthalmic Surgeon, Mr. S.S.F. Munro; spectacles were prescribed for fifty-three children; in forty-one cases no change of spectacles previously prescribed was recommended and in twenty-nine cases no spectacles were prescribed.

DENTAL REPORT

Mr. P. G. H. Griffith reports as follows:-

"During the year 2,498 children were inspected. The number found to require treatment was 2,227. 2,049 were offered treatment and 1,341 were actually treated.

A complete tour of the county usually takes just over one year; though this involves a rather less than satisfactory period of time at many of the schools. This treatment cycle allows for one inspection and treatment every twelve months, and even this depends on everything running smoothly. Even a minor improvement in the acceptance rate could seriously upset the routine. I consider that children should be inspected and treated at least twice per annum.

Advertisements were inserted in the Dental Journal for

a second dental officer, but up to the end of the year no suitable application had been received.

I would like to express my appreciation of the help and consideration given to me by the Health Department and the Head Teachers and the Staff, during the year."

INFECTIOUS & CONTAGIOUS DISEASES

Certificates of exclusion from school were issued in respect of individual children suffering from infectious and contagious diseases as follows:-

Infectious Diseases - Chicken Pox.....	13
German Measles.....	25
Measles.....	121
Mumps.....	22
Scarlet Fever.....	3
Whooping Cough.....	2
Contagious Diseases - Impetigo.....	1
Ringworm.....	1

TUBERCULOSIS IN SCHOOL CHILDREN

During the year no Radnorshire school children were notified as suffering from pulmonary or non-pulmonary tuberculosis.

HEALTH EDUCATION

In March demonstrators from the Central Council for Health Education visited the six Secondary Schools in the county and gave talks to the children aged 11 - 13 years on smoking and lung cancer, illustrated by films and filmstrips. Leaflets were also given to the children.

Considerable success has been obtained in the campaign against smoking among school children by encouraging the formation of groups of the "Junior League of Non-Smokers".

Mrs. Chaplin, our Senior Health Visitor has tried out this idea in the primary schools in the southern area of the county, with children in the top classes, aged 10 and 11 years, as it was thought that such propaganda was most likely to be effective at this age. For the children to join, they must sign a declaration promising not to smoke until they attain the age of 18 years. Upon enrolment in the league, they were given a formal certificate and badge.

EXAMINATION OF TEACHERS & CANTEEN STAFF

The medical examination of intending teachers prior to their acceptance by training colleges or universities, and of newly appointed teachers and canteen staff was continued during the year. One object is to ensure that no one is appointed to

a post in close contact with children who is likely to be suffering from a communicable disease. An X-ray examination of the chest is made at the Llandrindod Wells Hospital as no Mass Radiography Unit is available. Twenty-two intending teachers, 12 appointed teachers and 11 canteen staff were examined by me during the year. In addition I examined 5 appointed teachers on behalf of other Authorities.

MILK IN SCHOOLS SCHEME

The percentage of children taking advantage of the milk-in-schools scheme remains the same as last year at 80.33.

LLANDRINDOD WELLS RESIDENTIAL SCHOOL

In addition to their work in Radnorshire Schools, the Principal School Medical Officer and the Principal School Dental Officer and Dental Attendant, continue to undertake similar work at the Llandrindod Wells Residential School, which is administered by the Welsh Joint Education Committee and is a Residential Special School for Deaf and Partially Hearing Pupils serving Wales and Monmouthshire.

A separate annual report is published on the work of the School Health Service in this school, and this is appended.

SCHOOL ATTENDANCE

At the end of the last quarter of 1964 there were 2,750 children attending Radnorshire Schools. 1,580 children were on registers of the 36 primary schools and 1,170 children attended the 6 secondary schools.

VISITS BY SCHOOL NURSES AND HEALTH VISITORS

The following visits have been made by the School Nurses and Health Visitors during the year 1964:-

Medical Inspections.....	51
Follow-up Medical Inspections.....	96
Pre Medical Visits.....	68
Hygiene Inspections.....	111
Hygiene Re-Inspections.....	26
Follow-up Hygiene Inspections.....	52

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For Defective Vision (excluding squint)	For any of the other conditions recorded in Part II	Total of Individual Pupils
		No.	% of col. 2	No.	% of col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1960 and later	14	14	100%	-	-	-	1	-
1959	159	159	100%	-	-	2	25	24
1958	77	75	98.4%	2	1.6	2	9	11
1957	9	9	100%	-	-	-	4	1
1956	3	3	100%	-	-	1	17	5
1955	4	4	100%	-	-	-	1	-
1954	95	93	98.4%	2	1.6	3	22	16
1953	110	109	99.1%	1	.9	3	33	22
1952	41	41	100%	-	-	-	14	4
1951	2	2	100%	-	-	-	19	7
1950	87	87	100%	-	-	2	30	15
1949 and earlier	137	135	98.4%	2	1.6	19	71	48
Total	738	731	99.1%	7	.9	32	246	153

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Table A - Periodic Inspections

(1)	Defect or Disease (2)	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		T (3)	O (4)	T (5)	O (6)	T (7)	O (8)	T (9)	O (10)
4	Skin	3	11	2	4	4	8	9	23
5	Eyes (a) Vision	5	34	12	19	15	24	32	77
	(b) Squint	1	1	-	1	-	3	1	5
	(c) Other	1	1	-	-	-	2	1	3
6	Ears (a) Hearing	1	8	2	-	-	4	3	12
	(b) Otitis Media	1	4	-	2	-	5	1	11
	(c) Other	-	-	-	3	-	-	-	3
7	Nose and Throat	4	6	1	6	8	6	13	19
8	Speech	4	11	9	1	2	-	15	12
9	Lymphatic Glands	-	10	1	1	-	2	1	13
10	Heart	1	8	1	4	1	3	3	15
11	Lungs	2	9	-	4	1	6	3	19
12	Development								
	(a) Hernia	1	-	-	1	-	1	1	2
	(b) Other	1	11	3	5	5	10	9	26
13	Orthopaedic								
	(a) Posture	-	2	1	4	2	5	3	11
	(b) Feet	11	12	3	13	8	4	22	29
	(c) Other	4	9	-	16	2	23	6	48
14	Nervous System								
	(a) Epilepsy	-	2	1	1	-	1	1	4
	(b) Other	1	3	-	2	-	1	1	9
15	Psychological								
	(a) Development	-	3	-	-	-	2	-	5
	(b) Stability	-	1	1	-	-	2	1	3
16	Abdomen	-	2	-	-	-	3	-	5
17	Other	-	-	-	1	1	1	2	2

SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	-	2
5	Eyes (a) Vision (b) Squint (c) Other	8 - 2	5 2 3
6	Ears (a) Hearing (b) Otitis Media (c) Other	- - -	4 1 -
7	Nose & Throat	4	1
8	Speech	5	3
9	Lymphatic Glands	-	1
10	Heart	-	1
11	Lungs	1	2
12	Development (a) Hernia (b) Other	- 1	- 1
13	Orthopaedic (a) Posture (b) Feet (c) Other	- 2 1	- 1 -
14	Nervous System (a) Epilepsy (b) Other	1 -	1 1
15	Psychological (a) Development (b) Stability	- 1	7 3
16	Abdomen	-	-
17	Other	1	1

TABLE B - OTHER INSPECTIONS

Number of Special Inspections	50
Number of Re-inspections	-
Total	50

TABLE C - INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	2,816
(b)	Total number of individual pupils found to be infested	17
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	-
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	-

PART III - TREATMENT OF PUPILS

Table A - Eye Diseases, Defective Vision and Squint

	<u>No. of cases known to have been dealt with</u>
External and other, excluding errors of refraction and squint	-
Errors of refraction (including squint)	123
Total	123
No. of pupils for whom spectacles were prescribed	53

Table B - Diseases and Defects of Ear, Nose and Throat

	<u>No. of cases known to have been dealt with</u>
Received operative treatment	
(a) for diseases of the ear	-
(b) for adenoids and chronic tonsillitis	16
(c) for other nose and throat conditions	-
Received other forms of treatment	-
Total	16
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1964	-
(b) in previous years	-

Table C - Orthopaedic and Postural Defects

	<u>No. of cases known to have been dealt with</u>
(a) Pupils treated at clinics or out- patients departments	*
(b) Pupils treated at school for postural defects	8
Total	8

* Figures not obtainable from Regional Hospital Board.

Table D - Diseases of the Skin (excluding uncleanness)

	<u>No. of cases known to have been treated</u>
Ringworm (Scalp)	-
(body)	4
Scabies	4
Impetigo	-
Other skin diseases	-
Total	8

Table E - Child Guidance

	<u>No. of cases known to have been treated</u>
Pupils treated at Child Guidance Clinics	2

Table F - Speech Therapy

	<u>No. of cases known to have been treated</u>
Pupils treated by Speech Therapists	15

Table G - Other Treatment given

	<u>No. of cases known to have been treated</u>
(a) Pupils with minor ailments	-
(b) Pupils who received convalescent treatment under School Health Service arrangements.	-
(c) Pupils who received B.C.G. vaccination	179
Total	179

TABLE IV - DENTAL INSPECTION AND TREATMENT

(carried out by the Authority)

a. Dental and Orthodontic Work

1. Number of pupils inspected by the Authority's
Dental Officer:-

a. Periodic Inspections	2370
b. Specials	<u>128</u>

Total 1.. 2498

2. Number found to require treatment	2227
3. Number offered treatment	2049
4. Number actually treated	1341

b. Dental Work (other than Orthodontics)

1. Number of attendances made by pupils for treatment, excluding those recorded at c.1.	1635
--	------

2. Half-days devoted to:-

a. Periodic (school) Inspection	40
b. Treatment	<u>315</u>

Total 2.. 355

3. Fillings:

a. Permanent Teeth	1328
b. Temporary Teeth	<u>159</u>

Total 3.. 1487

4. Number of teeth filled:

a. Permanent Teeth	1309
b. Temporary Teeth	<u>159</u>

Total 4 1468

5. Extractions:

a. Permanent Teeth	82
b. Temporary Teeth	<u>455</u>

Total 5 537

6. (1) Administration of general anaesthetics
for extraction

3

(2) Number of half-days devoted to the admin-
istration of general anaesthetics by:-

a. Dentists	Nil	
b. Medical Practitioners	1	1

7. Number of pupils supplied with artificial teeth	1
--	---

8. Other operations: (i) Crowns	Nil	
(ii) Inlays	Nil	
(iii) Other treatment		2914

c. Orthodontics

1. Number of attendances made by pupils for orthodontic treatment.	261
2 Half days devoted to orthodontic treatment	*
3 Cases commenced during the year	59
4 Cases brought forward from previous years	51
5 Cases completed during the year	47
6 Cases discontinued during the year	4
7 Number of pupils treated by means of appliances	77
8 Number of removable appliances fitted	75
9 Number of fixed appliances fitted	2

* No clinics are held exclusively for Orthodontic Treatment
Such treatment is combined with other dental work

HANDICAPPED PUPILS IN RADNORSHIRE

	1. Blind 2. Part- ially sighted	3. Deaf 4. Part- ially Hearing	5. Physic- ally Handi- capped	6. Delicate	7. Mal- adjusted 8. Education- ally Sub- normal	9. Epileptic	10. Speech Defects	Total 1-10
Number of Handicapped Pupils from the area attending Special School as Day Pupils:	-	-	-	-	-	-	-	-
Boarding Pupils:	-	-	2	2	7	-	-	12
Total	-	-	2	2	7	-	-	12
Number of Handicapped Pupils from the area req: places in special schools or Homes but remaining unplaced:	-	-	-	-	7	1	-	10

WELSH JOINT EDUCATION COMMITTEE

Y CYD-BWLLGOR ADDYSG CYMREIG

LLANDRINDOD WELLS RESIDENTIAL SCHOOL

A N N U A L R E P O R T

of the

SCHOOL MEDICAL OFFICER

for

1964

F. J. H. CRAWFORD, M.D., B.Sc., D.P.H.,
Barrister-at-Law.

TO THE CHAIRMAN AND MEMBERS OF THE GOVERNING BODY OF THE
LLANDRINDOD WELLS RESIDENTIAL SCHOOL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual Report as School Medical Officer of the Llandrindod Wells Residential School for the year 1964.

The health of the children has again been satisfactory. There were a few cases of infectious disease, five children having scarlet fever, and three chicken pox, while nine children suffered from acute tonsillitis.

During the year 110 children were admitted to the Sick Bay, as compared with 79 last year. Of these 44% were admitted during the months of January, February and March, the majority suffering from influenza, tracheo-bronchitis following colds, and various minor ailments. All responded readily to treatment. Two of these pupils, who had a previous history of chest infection, had their chests X-rayed at the Llandrindod Wells Hospital, as a precautionary measure. Results were satisfactory.

Accidents occurring during the year were mainly cuts, bruises and abrasions needing simple treatment.

Three children attended the Out-Patient department of Llandrindod Wells Hospital, requiring (1) removal of foreign body in forehead, (2) stitching of cut forehead, (3) incision of septic finger.

One child was seen by Dr. Hugh Fisher, Consultant Paediatrician, at the Llandrindod Wells Hospital, one by Dr. Michael Craft, Child Psychiatrist, and one by Mr. Brian Thomas, Orthopaedic Surgeon. Certain other children needing consultant advice were seen in their home areas during school holidays.

There has been an improvement in the cases of head infestation. Whenever any child is found on return to the school to have infestation of the head, the Principal School Medical Officer of the home authority is notified.

It is gratifying that following a full inspection of the school in March by inspectors, including two senior medical officers, of the Department of Education and Science, they reported that the medical arrangements in the school were "entirely satisfactory".

It is a pleasure to express my appreciation of the deep interest taken in all aspects of the health and welfare of the children by you, Mr. Chairman, and the members of the Governing Body.

I am glad also to express my thanks to the Headmaster, Matron and Staff of the school, and particularly to the School Nurse, Mrs. G. Griffiths.

I am,

Your obedient servant,

FRANK J. H. CRAWFORD.

CLASSIFICATION OF CHILDREN AND CAUSES OF DEAFNESS

Of the 81 children in the school at the end of the Summer Term, 6 were partially hearing, another 3 were clinically partially hearing but could not be treated so. Two of these children are also additionally handicapped although they are not educationally so regarded and are taught as deaf children.

The causes of deafness of those children who were not congenitally deaf but became deaf as a result of disease or from treatment of disease is as follows:-

The causes have been given as accurately as it has been possible to ascertain them.

"Meningitis".....	10
Pneumococcal meningitis.....	2
Tuberculous meningitis (streptomycin therapy).....	7
Measles.....	1
Chicken Pox and Meningitis.....	1
Pneumonia and Whooping Cough.....	1
Maternal Rubella.....	2
Deafness, perceptive, familial...	1
Rhesus incompatibility.....	1
Pink disease.....	1

The number of deafened children admitted to the school continues to fall as methods of treatment of the causative diseases become more and more effective.

CHILDREN WITH MULTIPLE DEFECTS

Twelve (12) of the children in the school had other gross defects in addition to deafness. Details of these children are as follows:-

E. A.	Cleido cranial dysostosis
G. C.	Mentally subnormal
R. C.	Mentally subnormal
A. D.	Partially-sighted
W. G.	Educationally subnormal
H. J.	"Ineducable"
F. D. J.	Epileptic (Grand Mal)
R. K.	Psychotic
G. L.	Cerebral Palsy
A. M.	Maladjusted
G. R.	Mongol
C. L. S.	Spastic

AUDIOMETRY

Hearing tests continue to be made of all entrants to the school with the Peter's Pure Tone Audiometer as soon as possible after their admission, and an audiometric test is made of every child in the school at least once a year. The Audiometer has been placed on the Royal National Institute for the Deaf list for biennial servicing and recalibrating.

GROUP HEARING AIDS

Some speech audiometry is done by using Speech Training Hearing Aids, and the use of standardised loops.

INDIVIDUAL HEARING AIDS

In 3 cases commercial hearing aids giving greater amplification than Medresco Aids were recommended by Mr. Crowther, Consultant Ear, Nose and Throat Surgeon to the school, and in each such case the sending authority has supplied the aid recommended.

MEDICAL INSPECTIONS

As in former years every child is inspected by the School Medical Officer as soon as possible after admission to the school and each year thereafter. The School Nurse is present at each inspection.

B.C.G. VACCINATION SCHEME

The scheme for B.C.G. vaccination against tuberculosis of school children in their fourteenth year includes those children approaching 13 years of age and those of 14 years or older who had not previously been protected. Of the 11 children in the eligible age groups, the parents of 8 consented to tuberculin testing and vaccination where necessary. Of those tuberculin tested, 8 were found to be tuberculin negative and were vaccinated with B.C.G. None of the children was found to be tuberculin positive.

MEDICAL CARE UNDER PART IV OF THE NATIONAL HEALTH SERVICE ACT, 1946

All boys at the school are on the list of Dr. H. J. Houghton and the girls on the list of Dr. M. Dilys Owen,

two General Medical Practitioners who both reside within easy reach of the school and attend the children when ill.

VISITS OF CONSULTANT AURIST

Mr. J. Crowther, the Consultant Ear, Nose and Throat Surgeon, visited the school on two occasions and examined 25 children.

TREATMENT OF DEFECTIVE VISION AND SQUINT

Seventeen (17) children were found at medical inspection to require treatment for defective vision and seven of these needed treatment for squint. Thirteen (13) children who needed treatment for refraction errors were seen by the Consultant Ophthalmic Surgeon at the Llandrindod Wells School Eye Clinic. Four (4) children were seen by the Consultant Oculist employed by the Regional Hospital Board at Llandrindod Wells.

REPORT OF THE SCHOOL DENTAL OFFICER

Mr. P. G. H. Griffith, L.D.S., submits the following report:-

"The dental condition of the children is satisfactory and dental hygiene is at a high level.

The treatment per child required is much below the level of the normal school population in Radnorshire, and this is undoubtedly the result of correct diet and dental hygiene.

The number of children has fallen slightly and the treatment figure has increased.

The children responded very well, and their friendly confidences eases what might well be difficult problems in treatment.

I would like to thank the staff for their very helpful co-operation."

STATISTICS FOR THE PUPILS ATTENDING THE RESIDENTIAL SCHOOL FOR
THE DEAF, LLANDRINDOD WELLS

TABLE I

a. PERIODIC MEDICAL INSPECTIONS

Number of Routine Inspections:-

Entrants.....	6
Annuals.....	67
Leavers.....	15
	88

b. PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Deafness, Speech Defects, Dental Disease and Infestation with Vermin).

<u>Group</u>	<u>For Defective Vision (ex- cluding squint</u>	<u>For any of the other conditions recorded in Table II</u>	<u>Total Individual Pupils</u>
Entrants.....	1	7	3
Annuals.....	11	27	28
Leavers.....	5	9	10
Total (Prescribed groups).....	17	43	41
Other periodic inspections....	-	-	-
Grand Total.....	17	43	41

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE
YEAR ENDED DECEMBER, 1964

<u>Defect</u> <u>Code No.</u>	<u>Defect or Disease</u>	<u>Requiring</u> <u>Treatment</u>	<u>No. of Defects</u> <u>required to be</u> <u>kept under</u> <u>observation, but</u> <u>not requiring</u> <u>treatment</u>
4	Skin.....	6	7
5	Eyes (a) vision.....	17	6
	(b) squint.....	7	1
	(c) others.....	-	-
6	Ears (b) Otitis Media	2	1
	(c) other.....	-	-
7	Nose and Throat.....	3	3
9	Lymphatic Glands.....	-	1
10	Heart & Circulation..	-	1
11	Lungs.....	1	6
12	Development		
	(a) Hernia.....	-	-
	(b) other.....	1	5
13	Orthopaedic		
	(a) Posture.....	5	2
	(b) Flat Foot...	3	-
	(c) other.....	11	8
14	Nervous System		
	(a) Epilepsy....	1	-
	(b) other.....	1	1
15	Psychological		
	(a) Development.	-	6
	(b) Stability...	1	3
16	Abdomen.....	-	1
17	Other.....	-	-

TABLE III

DENTAL TREATMENT

No. of children actually treated.....	72
Attendances made by pupils for treatment.....	100
Fillings.....	63
Extractions.....	23
Administration of general anaesthetics.....	Nil
Other operations.....	107

Orthodontics

Apparatus fitted.....	Nil
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